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THE CHILD — Monthly News Summary

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UNITED STATES DEPARTMENT OF LABOR
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SECRETARY

THE CHILD — MONTHLY NEWS SUMMARY

Volume 3, Number 4 October 1938

SOCIAL-SECURITY PROGRAM FOR CHILDREN

THE PLACE OF DENTAL HYGIENE IN A MATERNAL AND CHILD-HEALTH PROGRAM[1]

By Katharine F. Lenroot, Chief,
U.S. Children's Bureau

Dental health occupies a peculiarly strategic place in the public-health movement, because of the universal need for preventive and remedial dental care and the two-way relationship between general health and nutrition, on the one hand, and dental health, on the other. So widespread are the needs for dental-health care and so general is the recognition of these needs that dentists have been prompt to recognize the necessity for community-wide dental-health programs, including universal dental care for children, and for Government participation which will help to make dental service available among all groups of the population. It was natural, therefore, that when special measures for the health and welfare of mothers and children were provided in the program of social security upon which the Federal Government, in cooperation with the States, embarked 3 years ago, the organized dental profession early manifested its interest and readiness to cooperate.

The overwhelming need for emphasis upon the preventive aspects of children's dentistry is indicated by surveys of the dental needs of children. The White House Conference on Child Health and Protection reported in 1930 that from 96 to 98 percent of the child population of the country suffered from major and minor defects of dental occlusion. Nutritional deficiencies were held to be the major cause of dental disease. The Committee on Costs of Medical Care reported that there was a great deal of dental and oral disease in existence, among both children and adults, which was not receiving any treatment. That Committee showed that in a group of 34,897 white persons in 8,639 families studied in the years 1928 to 1931, the percentages receiving dental care increased markedly with rise in income. Of the children aged 3 to 15 years in families receiving less than $1,200 a year, only 11 percent received dental care, whereas 62 percent of the children of this age group in families receiving incomes of $10,000 or more received dental care.

A study of the dental health of school children conducted in Hagerstown, Md., in the spring of 1937 by the United States Public Health Service indicated that 30 percent of the dental professional services of the community would be required for 1 year to provide dental treatment for filling permanent teeth only for the entire population then in school. In contrast, only 2 percent of the dental professional services of Hagerstown, during the period to which the survey relates, were devoted to the school population.[2]

The Interdepartmental Committee To Coordinate Health and Welfare Activities, in a report on the

[1] Paper given before Children's Dentistry and Oral-Hygiene Section, American Dental Association, St. Louis, October 26, 1938.

[2] Public Health Reports (May 13, 1938). U. S. Public Health Service, Washington, D.C., pp. 751-765.

need for a national health program issued in February 1938, cited the findings of a Nation-wide survey in which dental defects were included to the effect that for every 1,000 children entering school there were approximately 1,300 dental defects that needed attention. In a later report placed before the National Health Conference, July 1938, this Committee stated that great need exists for early discovery of children with dental defects and for provision of proper treatment to prevent and to remedy serious impairment.

Dental health as part of a broad program of maternal and child health may be considered in six different, but interrelated, aspects as follows:

1. Research in the etiological factors in dental disease.

2. Health education of mothers and children, which includes the relation of dental health to general health and nutrition and the need for preventive dental service.

3. Specialized diagnostic, preventive, and remedial dental care in accordance with carefully developed plans in which the responsibilities and obligations of private practice and public-health administration are carefully defined and public programs are carried on under competent technical direction and with technical advisory service from representatives of the professions concerned.

4. Postgraduate courses for practicing dentists in the care of children's teeth.

5. Training of public-health nurses in the preventive aspects of dental health and its relation to general health and nutrition.

6. Participation of dental specialists in programs for the remedial care of physically handicapped children involving corrective work related to dental or orthodontic fields.

Research

The Federal Government has carried on comparatively little research in the causes and prevention of dental defects and disease. Some studies in this and related fields have been made by the United States Public Health Service and by the Bureau of Animal Industry, United States Department of Agriculture. The Children's Bureau in cooperation with the Yale University School of Medicine has made several such studies, especially in the field of the relation of rickets to skeletal development, including the development of the teeth.

The Children's Bureau's dental advisory committee has urged that funds for research be made available in order to evolve a more effective program in dentistry. Experience under the social-security program, which has made available funds for grants-in-aid to the States with practically no expansion in resources for basic research in maternal and child welfare, indicates the necessity for presenting the need for research as of parallel importance, though not of equal cost, with the need for service. In his address to the National Health Conference the Surgeon General of the United States Public Health Service emphasized the vital function of research in any successful reduction of the present health hazards. He added: "Our search for new knowledge, for science, therefore, must be persistent, continuous, relentless."

Health Education of Mothers and Children

It is well recognized by those concerned with the advancement of dental health that health-education programs for mothers and children are a vital part of the program. Such education is carried on by National, State, and local agencies through printed material, through clinics and conferences, through home visits by public-health nurses, and in other ways.

Specialized Diagnostic, Preventive, and Remedial Dental Care

The maternal and child-health program administered by the Children's Bureau under title V, part 1 of the Social Security Act, includes maternal and infant care and care of preschool and school children. Dental-health service for mothers during the prenatal and postnatal periods and for preschool and school children has been regarded as an essential part of any comprehensive program for these population groups.

The Special Advisory Committee on Dental Health appointed for the Children's Bureau, with Dr. Guy S. Milberry of the University of California Medical Center as chairman, recommended, among other items, that dental activities in the field of maternal and child health should be concentrated on prenatal, infant, and preschool programs; that education, nutrition, and corrective services should be given consideration in the order of their importance in a dental program; that the qualifications of a director of a dental division

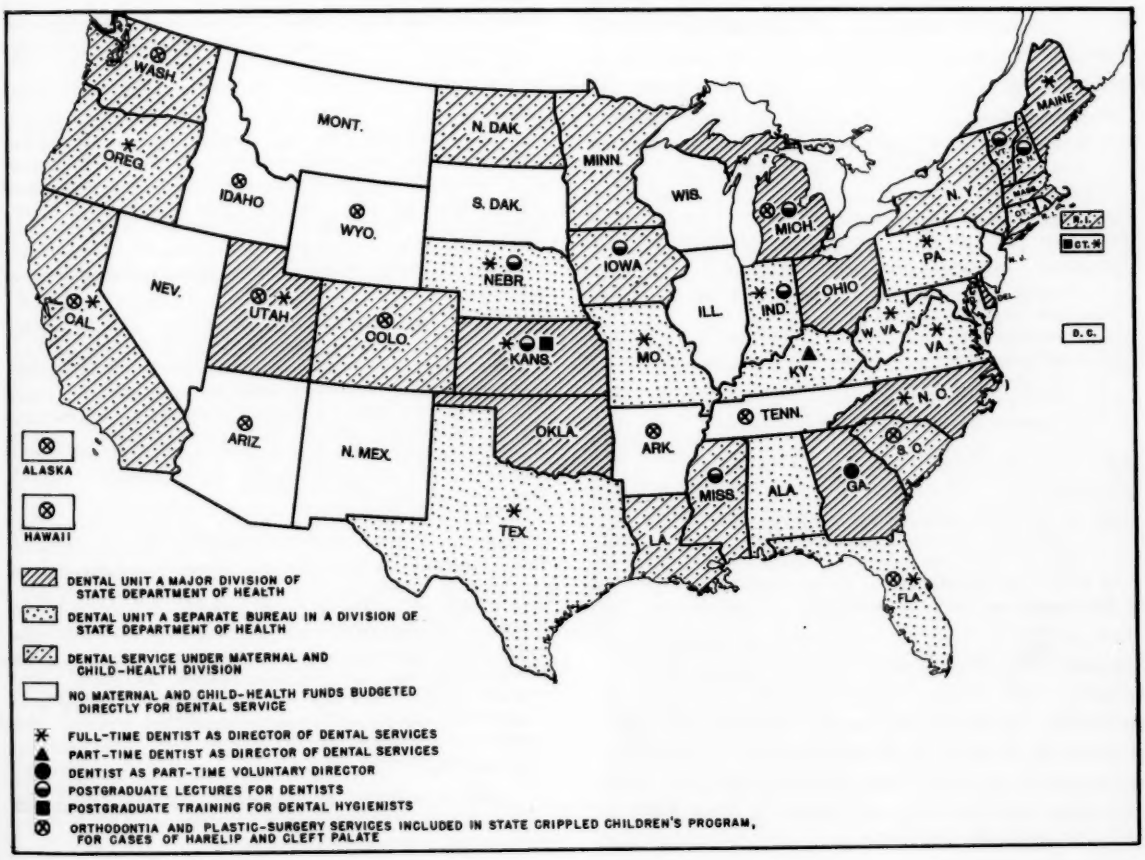
or unit in a State department of health should include licensure as a dentist and 5 years of experience, preferably in the fields of children's dentistry and public health; that postgraduate courses in children's dentistry should be held in communities throughout each State for local dentists; and that there should be a dental representative on the maternal and child-health advisory committee in each State.

From the point of view of preventive dental health practically all the items of a maternal and child-health program have an important relation to dental care. The work carried on by physicians conducting maternal and child-health conferences and clinics, nutritionists, public-health nurses, and health educationists, in addition to dentists and dental hygienists, is of special importance.

Amounts budgeted and approved for the fiscal year ending June 30, 1939, from Federal, State, and local funds for professional services included $381,395 for salaries and travel of dentists, dental hygienists, and dental-health educators on State and local staffs and for recompense to local practicing dentists for part-time service.

DENTAL-HEALTH SERVICES PROVIDED FOR IN STATE PLANS

MATERNAL AND CHILD-HEALTH AND CRIPPLED CHILDREN'S SERVICES UNDER THE SOCIAL SECURITY ACT
YEAR ENDING JUNE 30, 1939



Eight States included in their budgets postgraduate lectures for dentists, and two States included postgraduate training for dental hygienists. The total amount budgeted for dental service for the fiscal year 1939 was $390,160 and was distributed as follows:

Full-time staff dentists (salaries and travel)	$200,641
Part-time staff dentists (salaries and travel)	4,051
Payments to local dentists for services	79,138
Dental hygienists (salaries and travel)	92,465
Dental-health educators (salaries and travel)	5,100
Postgraduate lectures for dentists and dental hygienists	8,765
Total	$390,160

State plans and budgets approved for the fiscal year ending June 30, 1939, show marked progress in dental-health programs, as well as in other phases of maternal and child-health services. The following facts, given briefly, are taken from these plans:

Dental Health in Maternal and Child-Health Programs, Fiscal Year 1939

Dental-health organizations in State departments of health:	*Number of States*
Dental unit a major division	9
Dental unit a separate bureau in a major division	11
Dental service placed in division of maternal and child health	15
No dental service in maternal and child-health budget (though sometimes provided through other funds)	[a]16
Dental-health staff in State and local programs:	
60 full-time dentists on State staffs (includes 15 State directors of dental service)	25
2 full-time dentists on local staff	1
49 dental hygienists on State staffs	12

[a]Including Alaska, Hawaii, and the District of Columbia.

The figures for the dental staff do not give the whole picture of dental service, since many States provided for part-time dentists on State and local staffs or for payments to local dentists for services (18 States).

Examples of dental programs as described in plans for the last fiscal year are as follows:

California

The dental program in California consists of three demonstrations, and includes both education and service. The educational program is directed toward teachers, pupils, and lay groups. The corrective work is limited to prophylaxis, extractions, and cement and amalgam fillings for children from 3 to 10 years in families unable to pay for dental service. Surveys will be made of dental conditions and needs in rural counties. A mobile trailer is used in the dental service.

Indiana

The Indiana dental-health program, first developed in May 1936, with the cooperation of the advisory committee of the Indiana State Dental Association and the unanimous approval of its trustees, is well known and has been followed to some extent in other States. It involves: (1) Organization of professional and lay services; (2) a mobile dental unit, providing dental care for children between the ages of 3 and 10 years whose parents are unable to provide for necessary dental care; and (3) educational work, including the distribution of free literature, work done by the mobile unit, and educational work in the schools.[4]

Iowa

The Iowa program is one of education and research. The research includes studies of dental fluorosis in school children in conjunction with the divisions of public-health engineering and preventable diseases; research on dental caries and other oral diseases; and research on the value of soy-bean meal in the prevention of dental defects.

The educational work consists of the preparation of a departmental booklet on dental health; newspaper articles on dental-health education; exhibits; talks for dentists and nurses. A film strip will be made on dental fluorosis, prophylaxis, orthodontia, and so forth. Refresher courses for dentists will be given.

Maine

The program in the State of Maine is purely educational, including projects in teacher-training schools and schools of nursing. The dental hygienists work with prenatal, infant, and preschool groups, giving instruction and demonstration through prophylactic work. School work is done only in communities that deposit funds with the State treasury for dental-hygiene service. The division will endeavor to make dental-health work a part of the local school-health program. Consultation service is available for local dental hygienists.

[4]Mettel, Howard B., M.D., and Mary H. Westfall, D.D.S.: "Indiana's Dental-Health Program." *American Journal of Public Health*, vol. 28, no. 8 (August 1938), pp. 949-953.

North Carolina

The North Carolina program includes both education and service. Staff dentists teach mouth hygiene in the public schools. As a background for this work, the dentists have had special training in children's dentistry, nutrition, child psychology, pedagogy, physical education, and public speaking. In addition to classroom teaching, lectures are given before lay groups, student groups and teacher-training institutions, and professional groups.

Dental corrections are done for needy children. Dental examinations are made for expectant mothers who attend the prenatal clinics and any necessary extractions are done for mothers who are unable to pay.

Utah

From Utah a report has been received showing the accomplishments of the mobile dental unit from September 1937 to June 1938. Preschool clinics were conducted in 18 counties with 45 dentists participating. Figures for 7 of these counties showed that 2,016 children were examined, of whom only 271 were without dental defects. The number of corrections reported was 6,358. Of the children receiving care, 760 received free care; 532, care paid for in part; and 71, care paid for in full. It is planned that prenatal dental clinics will be held and that itinerant service for remote rural areas without dental facilities will be extended with the cooperation of the State dental association.

Postgraduate Courses for Practicing Dentists

Reference has been made earlier to the postgraduate lectures in children's dentistry for practicing dentists, furnished in eight States and to the postgraduate training for dental hygienists provided in two States. The chairman of the children's dentistry and oral-hygiene section of the American Dental Association has conducted clinical conferences in children's dentistry in Alabama, Kentucky, Georgia, Missouri, Pennsylvania, Tennessee, and Utah under arrangements worked out by State health departments and by dental associations. Professional postgraduate training is provided in some States for dentists who are to engage in dental public-health work.

The effort to provide postgraduate training in children's dentistry for local practicing dentists should be extended throughout the country in view of the great need for specialized, up-to-date information on the prevention and treatment of dental defects and disease.

Training of Public-Health Nurses in Preventive Aspects of Dental Health

The public-health nurse frequently must interpret to mothers and children the general principles of dental hygiene in relation to general health and nutrition, and the importance of early discovery and treatment of dental defects. Under the Indiana dental-health program a series of concentrated courses in dental nursing has been developed at Indiana University School of Dentistry. Sixty nurses attended the first two courses offered, which included material on diet, nutrition, oral-health examinations, and other aspects of a dental-health program.

Participation of Dental Specialists in Programs for the Remedial Care of Physically Handicapped Children

Definition of what constitutes a crippled child has been left, in general, to the States. Most State programs include not only orthopedic cases but also cases of harelip and cleft palate. In 43 States such cases are either specifically included in the administrative definition of a crippled child (20 States) or are specifically listed as accepted for treatment (23 States). In 3 other States the definition includes plastic conditions or abnormalities that can be benefited by plastic surgery. Only 1 State definitely excludes cases of harelip and cleft palate. In 3 States these cases are not specifically referred to in the plan. One State has not submitted a plan.

Orthodontia services are specifically provided in the 1939 plans for services to crippled children in 8 States, and such services are implied in the plans of 11 other States.

The 1939 State plans for services for crippled children show that in 9 States the general advisory committee includes a dentist who in some cases is an official representative of the State dental association, and that in 3 States the technical advisory committee includes such representation.

* * * * *

In summary, the maternal and child-health program and the program of services for crippled children under the Social Security Act have made possible considerable advance toward the objective of community-wide dental-health programs for mothers and children. Activities under these programs are directed especially toward rural and

other needy areas. The interdependence between the general health and the dental health of mothers and children is recognized by the dental profession and by Federal and State official health agencies. Present funds available for public services to mothers and children are sufficient only to make a beginning in demonstrating the need and the possibilities of working out a practicable program under competent technical direction and with the cooperation of professional organizations and private practitioners. The need for an extended program of medical care, including dental care, for mothers and children has been placed clearly before the public in the Children's Bureau Conference on Better Care for Mothers and Babies and in the National Health Conference. With resources now at hand major effort must be put on the promotion of general health and of good nutrition and on the prevention of rickets. Through actual experience can also be demonstrated the place of comprehensive dental health service in a general program of maternal and child health and in a specialized program of medical and surgical care for children suffering from physical handicaps.

* * * * *

NEWS FROM THE STATES

Child-welfare news from Oklahoma

A cooperative plan has been worked out by the Oklahoma Commission for Crippled Children and the Division of Child Welfare of the Oklahoma Department of Public Welfare to provide convalescent care in Oklahoma City for crippled children from rural areas.

This provision is an effort to meet the special problems that arise when children are sent from rural counties to Oklahoma City for clinic examinations or for hospitalization. The Division of Child Welfare has accepted the responsibility of locating and supervising the boarding homes for convalescent cases in Oklahoma City. In some cases the children who attend the out-patient clinic are not in need of hospitalization but should remain in Oklahoma City for a period of observation. The Division of Child Welfare also assumes responsibility for providing foster homes for these children.

A number of homes in the new Indian resettlement project in southeastern Oklahoma have been located by the child-welfare workers for use as boarding homes for Indian children. The Office of Indian Affairs has a well-organized program of boarding-school care, but the child-welfare workers have been of assistance in arranging placements in foster homes for preschool children and for children presenting special problems.

From the five-county demonstration area in northeastern Oklahoma (see *The Child*, January 1938, for earlier reports), it is reported that a new service for the coming year is the addition of a child-welfare worker with experience in the field of medical social work to cooperate with the expanded health-unit service, which is providing obstetric care for needy mothers. *(From report of Laura E. Dester, Supervisor, Division of Child Welfare of the Oklahoma Department of Public Welfare, to the Children's Bureau.)*

Obstetrical nursing service in a rural county

After 10 months of preparation, a home delivery nursing service was put into operation in Pike County, Miss., on July 1, 1938, by the county health department as a demonstration service under the State plan for maternal and child-health services.

The county physicians cooperated with the committee planning the home-delivery service by registering obstetrical patients in advance over a period of several months. Calls are also received from prospective patients asking for the service, and from friends of patients who have been cared for. An arrangement has been made whereby the fire department receives and transmits emergency calls during the hours when the health department is closed.

During the first 2 months of operation, delivery nursing service was given to 20 mothers, and 87 other pregnant women were referred to the home-delivery service by county physicians. The nurses report that the nursing service is already showing results in more thorough prenatal examinations, more careful postnatal service, and increased attention to venereal-disease treatments for pregnant women in need of them.

STATE REPORTS OF ACTIVITIES UNDER THE PLANS FOR SERVICES FOR CRIPPLED CHILDREN

Reports received by the Children's Bureau to July 31, 1938, on the direct services rendered to crippled children during the calendar year 1937 through the State agencies administering the plans show encouraging development of comprehensive programs worked out for crippled children under the Social Security Act. The total number of children on the registers of crippled children in 43 States, Alaska, and Hawaii was 130,610 on March 31, 1938.

A picture of actual activities for all the States from which reports for 1937 were received is given in the accompanying table. The maximum number of States that reported on any given item includes States that reported no service. The totals include some services provided by public and private agencies other than the agencies administering the plans for crippled children's services under the Social Security Act.

It is of interest to compare the total figures given for days' care in hospitals (1,332,750), in convalescent homes (380,331), and in foster homes (57,843). As facilities for convalescent-home and foster-home care are further developed, both in States now providing these services and in other States, and also as the services are broadened to include more nonsurgical cases, it is anticipated that the total number of days of convalescent care given will more nearly approach the number of days of care in hospitals. Similarly, a relative increase may be expected in the number of visits by physical-therapy technicians and medical social workers as compared with the number of visits by public-health nurses.

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SUMMARY OF ACTIVITIES FOR CRIPPLED CHILDREN REPORTED BY STATE AGENCIES FOR THE CALENDAR YEAR 1937[1]

Type of service	Number of --		
	Children cared for	Days' care	Visits made
Medical service in clinics (diagnostic or treatment)--	77,055	---	193,928
Hospital care----	42,073	1,322,750	---
Convalescent-home care----------	5,168	380,331	---
Foster-home care-	1,107	57,843	---
Public-health nursing--------	---	---	212,248
Physical therapy-	---	---	187,250
Medical social work[2]:			
January-June-	---	---	47,573
July-December	4,773	---	---
Other social work[2]:			
January-June-	---	---	15,797
July-December	4,688	---	---
Reference to vocational-rehabilitation agency---------	3,654	---	---

[1] Preliminary figures, including corrections received in the Children's Bureau through July 31, 1938, and representing primarily activities of the official State agencies but including some services provided by other public and private agencies in the various States.

[2] Owing to revision of report forms, effective July 1, 1937, counts of individuals admitted to case-work service are available only for the last 6 months of the year.

FEDERAL GRANTS TO STATES FOR MATERNAL AND CHILD-WELFARE SERVICES UNDER THE SOCIAL SECURITY ACT

FEDERAL FUNDS AVAILABLE AND FEDERAL FUNDS REQUESTED IN STATE PLANS APPROVED BY THE CHILDREN'S BUREAU FOR THE FISCAL YEAR ENDING JUNE 30, 1939, FIGURES AS OF OCTOBER 31, 1938

State	Maternal and child-health services — Federal funds for fiscal year 1939		Services for crippled children — Federal funds for fiscal year 1939		Child-welfare services — Federal funds for fiscal year 1939	
	Available[a]	Requested	Available[b]	Requested	Available[c]	Requested
Total	$5,227,476.12	$4,184,588.29	[d]$4,501,130.47	$3,198,029.94	$2,521,240.18	$2,150,633.80
Alabama	106,414.12	105,854.92	72,527.81	71,777.44	55,480.01	53,067.50
Alaska	73,695.49	38,691.63	62,785.55	6,400.00	18,569.43	15,442.31
Arizona	58,067.19	57,032.06	45,398.94	45,398.94	41,771.95	26,635.00
Arkansas	84,341.18	84,341.18	105,280.15	93,800.00	86,260.09	45,845.00
California	122,561.85	110,909.22	138,406.08	71,816.62	98,024.01	51,916.00
Colorado	91,489.62	67,060.84	65,296.31	44,459.46	28,219.85	27,170.00
Connecticut	59,820.78	55,026.70	118,637.56	54,000.00	35,016.51	19,175.00
Delaware	38,021.13	36,870.46	68,802.24	5,267.50	22,266.70	18,426.25
District of Columbia	51,528.27	51,528.27	56,171.84	56,171.84	19,830.91	16,429.99
Florida	106,315.92	106,315.92	60,449.86	[e]40,299.91	26,443.93	26,425.00
Georgia	127,853.09	127,853.09	189,198.10	100,000.00	72,936.62	71,102.34
Hawaii	38,332.06	36,139.87	57,152.32	26,540.00	17,917.39	17,091.72
Idaho	57,364.09	48,824.53	45,591.80	28,730.00	24,487.43	20,970.00
Illinois	197,748.07	150,911.00	214,036.03	193,486.63	79,324.70	58,038.73
Indiana	103,804.63	88,865.33	140,879.53	101,730.00	67,178.20	67,163.85
Iowa	111,257.64	56,397.31	66,476.25	66,476.25	61,873.37	61,740.00
Kansas	114,415.52	94,458.63	54,860.95	54,860.00	49,077.96	38,755.00
Kentucky	109,764.74	96,921.46	81,112.62	81,112.62	64,756.98	64,046.50
Louisiana	105,223.95	104,278.36	142,896.36	(f)	46,356.09	44,610.00
Maine	72,889.88	59,216.56	49,815.91	45,811.71	34,476.28	31,875.00
Maryland	65,660.68	64,712.98	66,443.79	50,407.79	38,972.67	29,469.67
Massachusetts	86,402.94	86,402.94	91,645.67	91,645.67	37,777.98	28,890.00
Michigan	128,977.36	110,407.03	100,000.00	100,000.00	65,939.25	60,043.00
Minnesota	84,925.68	84,925.68	77,171.33	77,171.33	41,037.22	40,675.00
Mississippi	107,401.82	97,840.50	117,126.28	37,866.43	79,021.31	55,476.00
Missouri	146,461.52	119,774.17	63,446.10	62,404.98	58,578.76	52,417.16
Montana	65,709.25	52,476.63	45,729.54	45,500.00	23,500.00	23,500.00
Nebraska	133,759.16	29,254.96	54,496.49	54,496.49	43,522.97	36,150.00
Nevada	100,137.57	39,468.88	62,887.52	1,000.00	13,316.06	13,205.00
New Hampshire	63,427.02	37,152.34	70,340.35	11,900.00	16,384.64	12,428.33
[illegible]	[illegible]	[illegible]	120,207.11	105,092.50	45,151.58	34,980.00

New Hampshire	63,427.02	37,152.34	62,887.52 70,340.35	1,000.00 11,900.00	13,316.06 16,384.64	13,205.00 12,428.33
New Jersey	85,248.90	84,479.25	120,207.11	105,092.50	45,151.58	34,980.00
New Mexico	80,603.31	80,603.31	45,037.96	41,070.00	19,854.14	12,857.00
New York	301,472.32	204,300.00	272,034.42	156,186.00	112,442.26	112,337.50
North Carolina	138,488.18	130,029.00	98,041.86	96,537.05	77,624.15	76,599.25
North Dakota	73,993.44	53,431.23	51,352.54	40,655.00	34,963.99	32,940.00
Ohio	142,176.50	119,983.76	131,246.14	97,591.40	115,575.51	82,857.00
Oklahoma	114,354.14	91,902.89	77,543.52	77,543.52	68,490.51	65,485.00
Oregon	70,939.05	67,869.86	95,821.49	52,275.00	32,227.92	31,260.00
Pennsylvania	251,919.25	153,118.82	174,259.74	168,763.72	153,060.22	29,780.00
Rhode Island	42,393.37	32,175.00	53,511.48	23,880.00	19,709.45	15,830.00
South Carolina	106,329.11	103,814.05	74,569.90	66,555.59	40,467.47	39,140.00
South Dakota	86,711.45	48,214.52	31,437.52	25,000.00	25,913.76	24,212.00
Tennessee	100,519.68	89,224.45	125,101.61	77,725.00	75,662.51	70,510.00
Texas	258,559.58	210,051.42	154,390.83	152,456.45	128,019.49	107,755.00
Utah	62,470.80	47,479.57	38,418.90	38,418.88	25,788.92	21,785.00
Vermont	69,095.95	43,027.40	43,831.13	18,435.19	16,263.70	15,924.00
Virginia	96,042.65	95,062.97	73,378.46	73,378.46	46,442.42	46,122.70
Washington	65,049.76	53,705.94	52,265.38	35,812.81	25,132.94	25,110.00
West Virginia	103,820.54	74,029.67	57,645.66	45,646.76	39,029.50	38,815.00
Wisconsin	92,745.66	76,446.73	73,159.14	69,475.00	38,252.44	38,155.00
Wyoming	70,770.26	25,725.00	62,338.89	15,000.00	12,848.03	(f)

[a] Including allotment for fiscal year 1939 ($3,800,000), the remaining portion of the 1937 and 1938 fund A allotments ($916,590.51) not paid to States, and unexpended Federal funds in State on June 30, 1938 ($281,283.11).

[b] Including allotment for fiscal year 1939 ($2,850,000), the remaining portion of the 1937 and 1938 allotments ($1,319,734.72) not paid to States, and unexpended Federal funds in State on June 30, 1938 ($331,395.75).

[c] Including Federal funds available for grants for fiscal year 1939 ($1,500,000), the remaining portion of the 1937 and 1938 allotments ($725,799.21) not paid to States, and unexpended Federal funds in State on June 30, 1938 ($295,440.97).

[d] Includes $10,473.51 not yet allotted to States.

[e] Florida plan approved for 3-month period ending September 30, 1938.

[f] No State plan approved to date.

MATERNAL, INFANT, AND CHILD HEALTH

PAN AMERICAN SANITARY CONFERENCE

By Marian M. Crane, M.D., Specialist in Child Hygiene,
Division of Research in Child Development, Children's Bureau

The Tenth Conference of the Pan American Sanitary Bureau was held in Bogota, Colombia, September 4-14, 1938. The Pan American Sanitary Bureau is an organization of the American Republics for the purpose of preventing, by cooperative measures, the introduction of diseases from other countries and from one American Republic into another, and for the purpose of stimulating health authorities in all the Republics to greater efforts for the control and eradication of disease.

All but one of the 21 American Republics were represented at the Conference, most of them by public-health administrators. The United States was represented by Dr. Thomas Parran, Surgeon General of the United States Public Health Service, Dr. Edward C. Ernst and Dr. C. V. Akin of the United States Public Health Service, Dr. E. V. McCollum of the Johns Hopkins School of Hygiene and Public Health, Dr. W. A. Sawyer of the Rockefeller Foundation, and Dr. Marian M. Crane of the United States Children's Bureau. Edith M. Baker, Consultant in Medical Social Work on the staff of the Children's Bureau, served as technical adviser.

In the scientific sessions the various fields of public-health activity were considered separately. The delegates reported the progress made and special problems involved in their different countries. Special interest was shown in the reports concerning yellow fever and malaria because of the importance of these diseases in most of the American Republics. A resolution passed by the Conference recommended to the Nobel Prize Committee that the investigators who have made major contributions in yellow-fever research in the past 12 years be considered in the awarding of the Nobel prize. Among other subjects discussed were venereal diseases, tuberculosis, plague, leprosy, typhus, vaccines and sera, public-health organization, rural hygiene, maritime and aerial quarantine measures, virus diseases, and maternal and child health.

A Committee on Nutrition presented a report dealing with the work being done in this field in the Americas and outlining the requirements for good nutrition. Colombia and Chile reported valuable studies of nutrition problems which are serious in both countries. Uruguay had an interesting exhibit showing the program for nutrition work in that country. Argentina has established an Institute of Nutrition for the training of personnel for nutrition work.

The final resolutions adopted by the Conference included the following, which relate to maternal and child health: A vote of confidence in the laws pertaining to child welfare adopted by the various Republics; a recommendation for the training of midwives wherever they are responsible for a large number of deliveries; a recommendation that birth registration be made compulsory in all the countries; and a recommendation that the principle of compulsory reporting of pregnancy be generally adopted.

The Third Pan American Conference on Eugenics and Homiculture was scheduled to meet immediately after the Sanitary Conference; but it was voted that hereafter the Conference on Eugenics and Homiculture should be a part of the Pan American Child Congress, and the program planned for Bogota was omitted.

Dr. Hugh S. Cumming, former Surgeon General of the United States Public Health Service, who represented the Pan American Sanitary Bureau at the Conference, was unanimously reelected Director of the Bureau, an office which he has held since 1920.

The local committee arranged for the delegates many interesting visits to the hospitals and other institutions in Bogota, and enabled them to see the public-health work that is being done there. Through the courtesy of the Director of Hygiene for the municipality of Bogota, the representatives of the United States Children's Bureau were given special opportunities to see the maternal and child-health work that has been developed within the last 4 years.

The municipality of Bogota conducts six child-health centers and two dispensaries for sick children. The child-health centers hold daily well-baby conferences, conduct day nurseries, and distribute prepared milk mixtures for infant feeding. At the dispensaries are held pediatric and dental clinics and nose and throat clinics at which tonsillectomies are performed. There is provision for a limited amount of home visiting by nurses from both the child-health centers and the dispensaries. Prenatal clinics are also conducted at the dispensaries and at some of the child-health centers.

Visits were also made to the Nurses' Training School at San José Hospital and to the School of Social Service affiliated with the Colegio Mayor de Nuestra Señora de Rosario. Both these schools have been established approximately 2 years and are the first of the kind in Bogota. They are still small, but the directors hope to develop them along sound lines. The students are young women with sufficient educational and cultural background to establish a high professional standard in their work. The significance of this fact is evident when it is realized that it was only about 8 years ago that a young woman who took a teaching position was the first woman of the upper social class in Bogota to take any position outside the home or convent.

BIRTH AND MORTALITY STATISTICS FOR THE UNITED STATES[1]

By Elizabeth C. Tandy, Sc.D.,
Consultant on Infant and Maternal Mortality and Stillbirth Statistics,
Division of Statistical Research, Children's Bureau

Birth Rates

In the United States 2,144,790 infants were born alive in 1936, according to final figures made available by the United States Bureau of the Census. The birth rate (16.7 per 1,000 estimated population) was lower than that of any other year except 1933 (16.5) since the establishment of the birth-registration area. Had the 1915 rate (25.1) prevailed in 1936, there would have been more than 1,000,000 additional births during the year.

Provisional statistics for 1937 show that 2,201,609 live births were registered in 1937. The provisional birth rate was 17.0 per 1,000 estimated population. This is a higher birth rate than was recorded for the 2 years immediately preceding.

The question may well be raised, however, whether the number of births in the United States really increased in 1937. Many factors that have been operating in recent years have served to impress the adult population with the importance of birth registration; among the most important of these factors is the use of birth certificates in connection with proof of age for grants of assistance to dependent children and to the needy aged and for retirement benefits--all three under the Social Security Act. The use of birth certificates for these purposes unquestionably has influenced many parents to see that the births of their children are registered.

Stillbirths

During 1936, the latest year for which final statistics are available, 73,735 stillbirths were registered in the United States. The stillbirth rate was 34 per 1,000 live births, a rate somewhat lower than that of 1934 and 1935 (36 per 1,000 live births).

Statistics on stillbirths are still an unsatisfactory index of the loss of fetal life in State and Nation. There has been a growing movement toward the adoption of uniform standards as to period of gestation for which registration is required, but not all the States are using the standard period of 20 weeks or more gestation recommended by the subcommittee on stillbirths of the American Public Health Association. Also, the completeness of stillbirth registration for many sections of the country is seriously questioned.

It is believed, however, that the lower rate for 1936 may indicate a decrease in fetal mortality. The great growth of interest in the stillbirth problem during recent years probably has increased the frequency of registration. In addition

[1] In this research liberal use was made of data published by the Division of Vital Statistics of the U. S. Bureau of the Census and other agencies, as well as of material collected by the Children's Bureau.

to the study that the Children's Bureau is carrying on, several State-wide studies of stillbirths are under way. Also, many studies are being made by medical groups, especially by State and county committees affiliated with the American Committee on Maternal Welfare and with State and local medical societies.

Infant Mortality

The number of infants who died in 1936 before completing the first year of life was 122,535. The infant mortality rate was 57 per 1,000 live births--a rate higher than that of 1935 (56) but lower than that of any prior year. Although the rate for 1936 is not entirely comparable with that for the birth-registration area in any year before 1933 (the first year in which the entire continental United States was included in the area) there is no question that infant mortality has decreased greatly during the period of record. Had the 1915 rate (100 per 1,000 live births) prevailed in 1936, about 92,000 more infants would have died during their first year of life.

The provisional statistics on infant mortality for 1937, issued by the Bureau of the Census, show that 110,760 infant deaths were registered in 1937 and that 2,775 fewer infants died in 1937 than in 1936. The provisional rate for 1937 is 54 per 1,000 live births. This suggests that the final rate will be the lowest on record and that in 1937 the saving in infant lives as compared with previous years not only has continued but has substantially increased.

Maternal Mortality

Although 12,182 women died from conditions directly due to pregnancy and childbirth during 1936, the maternal mortality rate for that year, 57 per 10,000 live births, was the lowest ever recorded in the United States. This was the seventh consecutive year in which the maternal mortality rate slightly decreased.

The maternal mortality rate of the United States, however, continues exceedingly high as compared with the rates of most foreign countries. Of 24 countries for which information is available for 1934, 1935, 1936, or 1937, only 4 have higher maternal mortality rates than the United States. These 4 countries include Chile (98 per 10,000 live births, 1937 provisional rate), Lithuania (61 in 1936), Northern Ireland (61 in 1936), and Australia (60 in 1936).

The European countries with the lowest rates are: Norway (23 per 10,000 live births, 1935), Netherlands and Italy (30, 1936 provisional rate), Irish Free State (32 in 1937), and Sweden (33 in 1934).

The differences in procedures in assigning cause of death are not sufficient to account for the high rate in the United States as compared with most foreign countries.

DISTRIBUTION OF LIVE BIRTHS, STILLBIRTHS, AND MATERNAL DEATHS, BY AGE OF MOTHER; UNITED STATES

Age of mother	Live births (1936)		Stillbirths (1935)		Maternal deaths (1936)	
	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
Total	2,144,790	100	77,119	100	12,182	100
Under 15 years	2,938	(a)	211	(a)	35	(a)
15 to 19 years	269,223	13	10,272	13	1,397	11
20 to 24 years	667,019	31	19,786	26	2,556	21
25 to 29 years	565,830	26	16,676	22	2,743	23
30 to 34 years	353,834	16	12,728	17	2,388	20
35 to 39 years	206,034	10	9,979	13	1,954	16
40 years and over	75,285	4	4,993	6	1,097	9
Not reported	4,627	(a)	2,474	3	12	(a)

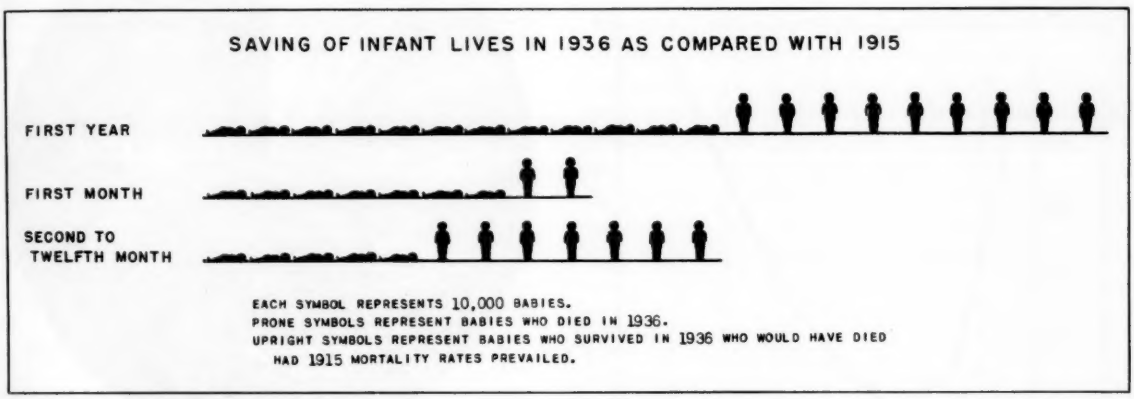
[a] Less than 1 percent.

Age Variations

The number and percentage distribution of live births, stillbirths, and maternal deaths by

age of mother are shown in the accompanying table. Thirteen percent of the live births in 1936 were to mothers under 20 years of age; 57 percent, to mothers 20 to 29 years of age; 26 percent, to mothers 30 to 39 years of age; and 4 percent, to mothers 40 years of age or over.

1,000 live births. The lowest maternal mortality rate (38 per 10,000 live births) was for mothers 20 to 24 years of age; the highest (146) for mothers 40 years of age or over. The rate for mothers under 15 years of age was 119 per 10,000 live births.

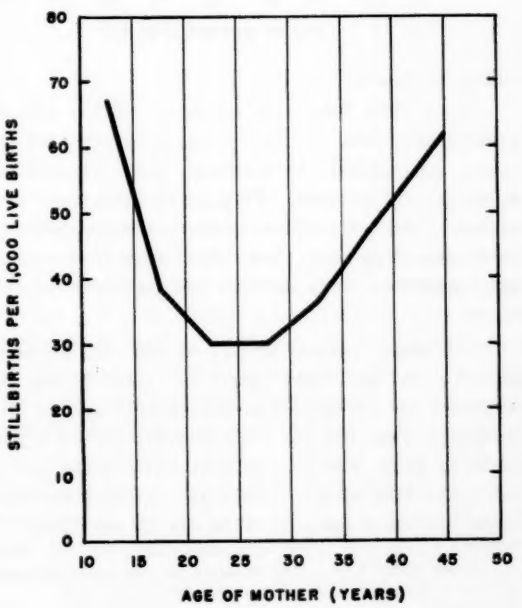


Of the stillbirths registered in 1935 (information is not yet available for 1936), 13 percent were to mothers under 20 years of age; 48 percent were to mothers 20 to 29 years of age; 30 percent were to mothers 30 to 39 years of age; 6 percent to mothers 40 years of age or over (3 percent were to mothers for whom age was not reported).

Of the 12,182 women who died from conditions directly due to pregnancy and childbirth in 1936, 11 percent were under 20 years of age; 44 percent were women 20 to 29 years of age; 36 percent were women 30 to 39 years of age; and 9 percent were women 40 years of age or over.

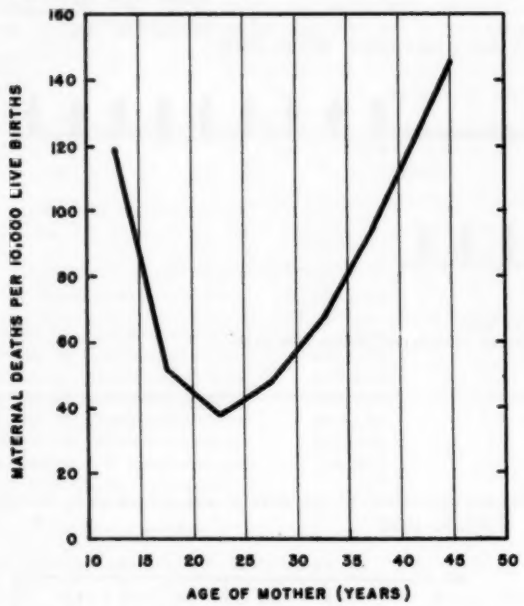
The stillbirth rate and the maternal mortality rate by age of mother (figures 2 and 3) are higher for extremely young mothers and for mothers 40 years of age or over than for mothers between the ages of 15 and 40 years. The highest stillbirth rate (67 per 1,000 live births) was for mothers under 15 years of age and the lowest (30) was for mothers 28 to 29 years of age. The rate for mothers 40 years of age and over was 62 per

FIGURE 2.—STILLBIRTH RATE BY AGE OF MOTHER, UNITED STATES, 1935



The United States Bureau of the Census does not compute statistics on infant mortality by age of mother. Special studies[2] have shown that mortality is higher among infants of mothers under 20 years of age than among infants of mothers of any age from 20 to 39 years. Infants of mothers 40 years of age or older have a mortality about as high as that of infants of very young mothers.

FIGURE 3.—MATERNAL MORTALITY RATE BY AGE, UNITED STATES, 1936



Causes of Death

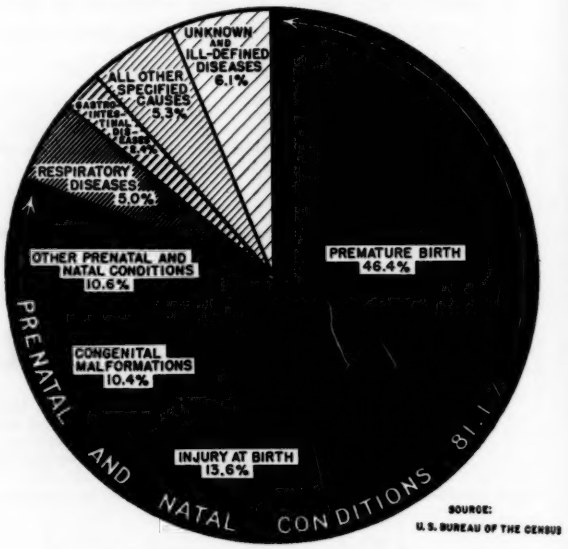
More than half (52 percent) of the 122,535 infants who died in 1936 died from prenatal and natal conditions; 18 percent, from respiratory diseases; 11 percent, from gastrointestinal diseases; 3 percent, from epidemic and communicable diseases; 10 percent, from other specified causes; and 6 percent, from unknown and ill-defined diseases.

Of these infant deaths, 69,869 (57 percent) occurred in the first month of life; 52,666 (43 percent), in the second to the twelfth month. The mortality rate during the neonatal period (first month of life) for all infants born alive was 33 per 1,000 live births; that for infants who survived the first month of life was 25 per 1,000.

[2]Causal Factors in Infant Mortality, p. 191 (table 14). U.S. Children's Bureau Publication No. 142. Washington, 1925.

Deaths in the first month of life, as shown in figure 4, were due mainly to prenatal and natal conditions. Respiratory diseases were second in importance; gastrointestinal diseases, third.

CAUSES OF NEONATAL MORTALITY
UNITED STATES, 1936



Premature birth, by far the most important single cause of death in the first month of life, was responsible for 46 percent of the neonatal deaths. Injury at birth was responsible for 14 percent; congenital malformation, for 10 percent. Mortality from these causes has shown little decrease during the period of record.

Neonatal mortality on the whole has shown some tendency to decrease (figure 1). The rate was 44 per 1,000 live births in 1915 and 33 in 1936. Mortality on the first day of life has not decreased at all; the rate was 15 in 1915 and 15 in 1936.

Among infants who complete their first month of life, prenatal and natal conditions are relatively less important as causes of death than among infants dying in the first month. These conditions are responsible for only 14 percent of the infant deaths after the first month. Respiratory conditions in 1936 caused 35 percent of the deaths among infants after the first month of life; gastrointestinal diseases, 23 percent; epidemic and communicable diseases, 7 percent; and all other specified causes, 16 percent; for 5 percent,

cause of death was unknown or ill-defined. Mortality among infants in the second to the twelfth month of life has been more than cut in half during the period of record (figure 1). In 1915 the rate was 58 per 1,000; in 1936 it was 25. The reductions are mainly in mortality from gastrointestinal, respiratory, and epidemic and other communicable diseases.

Puerperal infection, largely preventable by aseptic technique, was responsible for 38 percent of the maternal deaths; toxemias of pregnancy, largely preventable by good prenatal care, were responsible for 23 percent of the maternal deaths; accidents of childbirth, for 13 percent; puerperal hemorrhage, for 11 percent; nonseptic abortions, for 6 percent; and all other causes, for 9 percent.

The maternal mortality rate has shown little reduction during the period of record. The most important decrease appears in toxemias of pregnancy.

Preventability of Stillbirths, and Infant and Maternal Deaths

Many maternal, fetal, and infant deaths occur each year that could be prevented.

Estimates of the number of preventable deaths are based on special studies and on the experience of physicians who have been actively engaged in caring for mothers and infants.

In 1936 the total number of maternal and infant deaths and stillbirths amounted to 202,452. Of these, 155,786 were deaths connected with pregnancy and childbirth, and 52,666 were deaths of infants from 2 to 12 months of age. Special studies have shown that one-half of the maternal deaths, one-half of the infant deaths, and two-fifths of the stillbirths are preventable. Making adequate facilities available and giving all mothers and babies the full benefit or our present knowledge would save almost 100,000 lives each year.

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NEWS AND RESEARCH NOTES

Neonatal mortality and stillbirths in the District of Columbia

The *Medical Annals of the District of Columbia* for August 1938 (vol. 7, no. 8) contains two articles based on studies made by the United States Children's Bureau. Reprints of these have been obtained by the Children's Bureau and single copies will be sent upon request.

"Causes of Neonatal Mortality in the District of Columbia," by Marian M. Crane, M.D., is based on a study of neonatal deaths in the District of Columbia in 1935. Of a total of 400 neonatal deaths, 392 were included in the study. Prematurity was found to be the most frequent cause of death reported during the neonatal period for both white and colored infants. The next most frequent causes of death reported among white infants were birth injury and congenital malformation; but among colored infants infections were reported more frequently than either of these causes. The high mortality rate among colored infants was found strongly to influence the total neonatal mortality rate.

"The Problem of Stillbirths," by Ethel C. Dunham, M.D., is based on the Children's Bureau study of stillbirths in 229 hospitals in 25 States and the District of Columbia, with special reference to the situation in the District of Columbia. In 1936 the stillbirth rate in the District of Columbia was 27 per 1,000 live births among white infants and 58 among colored infants.

A proposed program for reducing the incidence of stillbirths and neonatal deaths in the District of Columbia that applies to both papers is given in Dr. Dunham's paper. This program includes increased clinic and hospital facilities for the care of Negro maternity patients; adequate provision for the care of premature infants in every hospital; adequate isolation facilities for the prevention of infection and for the individualized care of mothers and newborn infants in every hospital; complete coordination of prenatal services in hospitals and clinics to insure continuity of care for the individual patient; increased public-health-nursing services; increased efforts to obtain registration of women early in pregnancy;

adequate medical social services for all agencies dealing with problems of maternity; analysis by hospitals admitting maternity patients of morbidity and mortality records among mothers and infants; and a current study of stillbirths and neonatal deaths.

Articles on congenital syphilis reprinted

The two articles entitled, "Congenital Syphilis; critical review, parts 1 and 2," by Dorothy V. Whipple, M.D., and Ethel C. Dunham, M.D., which appeared in the *Journal of Pediatrics* for March (vol. 12, no. 3, pp. 386-398) and August (vol. 13, no. 1, pp. 101-119) have been reprinted by the United States Children's Bureau. Single copies of the reprints are available upon request.

The first of the two articles summarizes the more important recent contributions to the literature on the incidence, transmission, and diagnosis of congenital syphilis. The second article deals with the literature on the prevention and treatment of congenital syphilis.

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BOOK AND PERIODICAL NOTES
(Maternal, Infant, and Child Health)

PRENATAL AND POSTNATAL MANAGEMENT, by J. St. George Wilson, M.C., M.B., Ch.M. William Wood & Co., Baltimore. 1937. 205 pp. $4.

This book was written for the practitioner who "aspires to efficient prenatal and effective postnatal management" of the maternity case. The author, who is honorary obstetric and gynecologic surgeon to the Royal Infirmary and consulting obstetrician at the Walton Hospital, both in Liverpool, England, attributes the apparent failure of prenatal care to diminish the maternal mortality rate to "the unbalanced practice" of prenatal care and points out that in the average normal case there are definite indications for postnatal care that will assist the return to the normal and will be as effective as prenatal care in subsequent pregnancies.

The first portion of the book deals with the importance of including a full anamnesis and a clinical examination of the patient. The point of view is stressed that ". . . too little regard is paid to the presentation of the fetus, and the condition of the birth canal . . . and the general systemic condition is neglected."

The bulk of the book is devoted to a consideration of various types of abnormal pregnancy. The author covers major and minor conditions of pregnancy and illustrates his material with many diagrams, illustrations, and photographs.

In a final chapter on postnatal care, Wilson considers prophylactic measures, including proper care in the antepartum, intrapartum, and postpartum periods; and active measures, including the maintenance of the uterus in its normal position, the assistance of the involution of the vagina, and the care of lacerations of the cervix and their sequelae.

HANDICAPS IN THE NORMAL GROWTH AND DEVELOPMENT OF RURAL NEGRO CHILDREN, by Hildrus A. Poindexter, M.D. *American Journal of Public Health*, vol. 28, no. 9 (September 1938), pp. 1048-1052.

Dr. Poindexter discusses briefly the four major interrelated handicaps that are interfering with the normal physical, mental, emotional, and social growth and development of rural Negro children in the "cotton belt." These are malnutrition, syphilis, malaria, and hookworm infestation.

Ignorance and poverty, which Dr. Poindexter finds to be the chief factors responsible for these poor health conditions, can best be corrected, he believes, by the use of an efficient local school teacher as the key person under the supervision of the official agencies, and with the cooperation of the public-health nurse and the farm demonstration agent.

Dr. Poindexter, who is professor of bacteriology, preventive medicine, and public health at Howard University, has also acted temporarily as epidemiologist in charge of a rural health unit in Glendora, Miss.

CHILD LABOR

THE CHILDREN'S BUREAU AND THE FAIR LABOR STANDARDS ACT OF 1938

By Beatrice McConnell, Director,
Industrial Division, Children's Bureau

The Fair Labor Standards Act of 1938, which goes into effect on October 24, 1938, bears a significant relation to child welfare. It not only marks the beginning of a new basis for advanced child-labor standards throughout the country but will raise the standard of living for underpaid and overworked labor through its minimum-wage and maximum-hour provisions, and thus in many thousands of homes provide a more adequate economic basis for the rearing of children. The health and welfare of children are directly dependent upon the adequacy of the family income and the general economic and social well-being of the parents--a well-being that cannot exist under conditions of employment at wages too low to provide for a decent standard of living or at hours too long to afford opportunity for healthful leisure. Moreover, child labor itself often is caused by inadequate family income and is in turn a factor in low wages and oppressive working conditions.

The direct concern of the Children's Bureau in this new law is in its child-labor provisions, enforcement of which is placed in the Bureau's charge. The law excludes children under 16 years of age from employment in all occupations covered by the act; that is, all work in establishments producing goods for interstate commerce, except the employment of children 14 and 15 years of age at work, other than manufacturing or mining, which has been determined by the Chief of the Children's Bureau not to interfere with their schooling, health, or well-being. In addition, it excludes children 16 and 17 years of age from occupations in such establishments as may be found and declared by the Chief of the Children's Bureau to be hazardous or detrimental to their health or well-being. Goods produced in establishments in the United States in which children have been employed contrary to these standards within 30 days prior to the removal of such goods from the establishment are prohibited from shipment across State lines or to any foreign country. Child actors in motion pictures or theatrical productions and children employed in agriculture during periods when they are not legally required to attend school are exempted from these provisions.

This prohibition of child labor is a natural complement to the wage and hour provisions of the act, because greater economic security for the family group should help to release the younger children from wage-earning, thus providing opportunity for the education and recreation necessary for their fullest development, and should give to the older group of boys and girls protection from industrial risks during the first years of their industrial life when that protection is most needed.

Administration of the Act

The administration of these child-labor provisions has been placed in the Industrial Division of the Children's Bureau. In its approach to the task before it, the Division has held in view two main objectives: First, the treatment of the child-labor problems brought under its jurisdiction by the act as a component part of the picture of the whole child, the ideal which the Children's Bureau has set up and adhered to since its organization; and, second, the use of the Federal standards not as a new and independent means of improving conditions of child labor, but as a method of strengthening the protection given by State law to the working children within each State. To accomplish these aims, the Industrial Division not only must explore new fields and carry on new activities, but must bring into focus and develop more fully all the different research and consultative activities which it has carried on in the past. In attaining these objectives, the Division has for guidance not only its research work in fields relating to the employment of children and the varied consultative and advisory services which have been carried on for more than 25 years, but also the actual experience of the Bureau in administering the First Federal Child-Labor Act in 1917 and 1918.

Cooperation With States

In meeting the administrative responsibilities incident to enforcement of the act, the Bureau will direct its basic procedure toward the ultimate strengthening of State child-labor services through cooperative plans for dealing with the practical problems of administration and through demonstration of effective methods. Adequate systems of employment-certificate issuance for children 16 years of age and over must be developed to enable employers to protect themselves from unwittingly employing children contrary to the law; inspection of establishments producing goods and shipping them in interstate commerce must be carried on to discover whether children are illegally employed in such establishments. So far as possible the Division looks toward the utilization of existing machinery in the States for the administration of child-labor laws and the issuance of employment certificates. A thorough study of the methods actually employed in the issuance of certificates in State and local offices, and of the type and effectiveness of the supervision exercised by State officials, is a first step in this direction. Cooperative relationships regarding issuance of certificates and inspection of places of employment, satisfactory to both Federal and State authorities, must be worked out and adjustments made to meet the many variations among the States in adequacy of enforcement and in organization of administrative work.

The cooperative relationships of the Bureau with State labor departments and certificate-issuing officials have paved the way for the integrated efforts necessary now to bring about the best possible administration of the Fair Labor Standards Act. These relationships began early in the history of the Bureau with studies of the administration of child-labor laws in a number of the important child-employing States, followed somewhat later by the development, in cooperation with State and local officials, of a system of reporting to the Bureau statistics of employment certificates issued throughout the country. They continued through the experience under the First Federal Child-Labor Law, when the officials charged with the enforcement of State child-labor laws cooperated in the enforcement of the Federal act and testified to the assistance which Federal legislation gave to their own work. Cooperative relationships were renewed in 1933 under the National Recovery Administration, when the Bureau supervised the administration of the executive orders permitting the issuance in the States of special certificates to handicapped workers and industrial home workers, and obtained the cooperation of the State labor departments and of certificate-issuing officials in upholding the NRA code standards for child employment.

During all this time the Bureau has rendered consultative and advisory service to State groups with respect to the administration of State child-labor laws and the raising of State legislative standards. If improvements are made in State legislation to meet or surpass the Federal standards, as has happened in the past when Federal standards were in effect, the Bureau will be prepared to give to the States greatly increased advisory and consultative service in the whole field of child-labor legislation.

Research Activities

In order to carry out the discretionary powers given to the Children's Bureau under the act, the Bureau must go more deeply into many fields of research that it has only touched upon in the past. The determination of occupations that are so hazardous that minors 16 and 17 years of age should be prohibited from entering them will necessitate comprehensive and thorough study on a national scale of industrial processes and their effect upon young workers. Decisions as to the hazard of accident or disease involved in work at different types of machines or in exposure to industrial health hazards cannot be reached on the basis of opinion. They require, as a basis, the building up of a body of sound statistical and scientific information obtained through study of all available material now collected or being collected, through investigation of specific occupations and exposures and through the further development of the reporting of industrial accidents and diseases in cooperation with State labor departments and industrial-accident commissions. Before such decisions can be reached, employers and the public generally must become more fully conscious of the necessity of accumulating a body of evidence relating to industrial hazards for minors, and assistance must be obtained from employing groups, industrial

physicians, accident-compensation administrators, safety engineers, and all others whose information and training give them knowledge of the hazards of industry on the one hand and the susceptibility of youth to these hazards on the other hand.

The determination of occupations in which children 14 and 15 years of age may be employed for limited periods without interference with schooling and without harm to health or well-being involves exploration of special child-labor problems in many fields, including a number in which desirable standards for child employment are not yet generally agreed upon.

With the expansion of the Bureau's responsibility in enforcing child-labor prohibitions, there is need also for study of child labor in the occupations that are not covered by the Fair Labor Standards Act, where it is possible that increased employment of children may take place. Realizing also the interrelationship of child labor with other phases of child welfare, the Bureau recognizes its increased responsibility for social studies of the problems resulting from the removal of employment opportunities for young persons and on the use and development of alternatives to employment such as educational and recreational facilities and community services.

For the highest achievements in the work of the Industrial Division of the Children's Bureau there is necessary a close integration of its research with its administrative functions. Its past study of child-labor conditions and State legislation has prepared the ground for new responsibilities. Its future activities will in turn point out new aspects of the Bureau's continuing responsibility for pioneering in prevention of industrial exploitation of children and in exploration of new remedies.

CHILD-LABOR REGULATIONS

Issued by the Chief of the Children's Bureau

Pursuant to the authority conferred by section 3 (1) and section 11 (b) of the Fair Labor Standards Act of 1938, the Chief of the Children's Bureau prior to October 21 issued regulations relating to certain aspects of the administration of the child-labor provisions of the act.

Regulation No. 1, issued October 14, 1938, relates to certificates of age. It provides that an employer may protect himself against unwittingly employing minors in violation of the Fair Labor Standards Act by obtaining a certificate of age for each minor 16 or 17 years of age employed by him. If the employment is in an occupation declared to be particularly hazardous for minors 16 and under 18 years of age or detrimental to their health or well-being, he should obtain a certificate of age for each minor 18 or 19 years of age so employed.

The certificate of age may be (a) a Federal certificate issued by a person authorized by the Chief of the Bureau; or (b) a State certificate issued by a State agency in such States as may be designated for this purpose by the Chief of the Children's Bureau. In either case the certificate will show that the minor is above the oppressive child-labor age applicable to the occupation in which he is employed.

The information to be contained in Federal certificates of age is specified in detail, with special attention to documents acceptable as proof of age. Conditions under which certificates may be suspended or revoked are also specified.

Regulation No. 1-A relates to temporary certificates of age. It was issued as of October 20 and provides that in any State where no provision is made for the issuance of State or Federal certificates of age, as described in Regulation No. 1, a birth certificate or a record of baptism showing the age of the minor to be above the oppressive child-labor age applicable to the occupation in which he is employed will be accepted as an age certificate until January 23, 1939.

Regulation No. 2, issued October 15, 1938, relates to acceptance of State certificates. It designates 31 States as States in which, during a period of 6 months, State age, employment, or working certificates or permits shall have the same force and effect as Federal certificates of

age under the Fair Labor Standards Act of 1938. These States are:

Alabama	Massachusetts	Oklahoma
Arizona	Michigan	Oregon
Arkansas	Missouri	Pennsylvania
Colorado	Montana	Rhode Island
Connecticut	New Hampshire	Tennessee
Delaware	New Jersey	Utah
Illinois	New Mexico	Vermont
Indiana	New York	Washington
Kentucky	North Carolina	West Virginia
Maine	Ohio	Wisconsin
Maryland		

Regulation No. 1 was published in the *Federal Register*, vol. 3, no. 202 (October 15, 1938), pp. 2487-2488; Regulation No. 2, in the *Federal Register*, vol. 3, no. 203 (October 18, 1938), p. 2500; and Regulation No. 1-A in the *Federal Register*, vol. 3, no. 207 (October 22, 1938), pp. 2531-2532. Copies of the regulations may also be obtained from the Children's Bureau, United States Department of Labor, Washington, D.C., upon request.

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NEWS AND READING NOTES

Fair Labor Standards Act explained

"A Ceiling for Hours, a Floor for Wages, and a Break for Children" is the title of a leaflet issued jointly on October 10 by the Wage and Hour Division and the Children's Bureau of the United States Department of Labor (Washington, 1938, 15 pp.). This leaflet explains the purpose and general features of the act. Copies may be obtained from any State employment office affiliated with the United States Employment Service, from the Wage and Hour Division and from the Children's Bureau, U. S. Department of Labor, Washington, D.C.

Volume on apprenticeship and child labor published

"Legal Status in the Family, Apprenticeship, and Child Labor," select documents, with introductory notes by Grace Abbott, has been published as volume I of "The Child and the State" (University of Chicago Press, Chicago, 1938; 679 pp.; $3). A review of this book will appear in an early issue of *The Child*.

Reports of silicosis conference published

The Division of Labor Standards, United States Department of Labor, has published the final reports of the committees appointed at the first meeting of the National Silicosis Conference held in Washington in April 1936. These committees consisted of specialists in their respective fields and were given the responsibility of carrying out detailed investigations and making recommendations for the control of the problem of silicosis hazards in industry. Summary reports of the committees were presented at the second meeting of the National Silicosis Conference, in February 1937.

The published reports are as follows:

Report on Medical Control. Bulletin No. 21, part 1, Washington, 1938. 112 pp.

Report on Engineering Control. Bulletin No. 21, part 2, Washington, 1938. 62 pp.

Report on Economic, Legal, and Insurance Phases. Bulletin No. 21, part 3, Washington, 1938. 86 pp.

Report on Regulatory and Administrative Phases. Bulletin No. 21, part 4, Washington, 1938. 64 pp.

The Children's Bureau *does not distribute* the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

GENERAL CHILD WELFARE

BOOK AND PERIODICAL NOTES

Time schedule changed for "The Child Grows Up"

The series of radio programs entitled "The Child Grows Up" is being continued this season under the auspices of the United States Children's Bureau. Beginning in October, with the passing of daylight-saving time, these programs are to be given on Saturdays at 10:30 a.m., Eastern standard time. The programs can be heard over the blue network, National Broadcasting Company.

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NEW TRENDS IN GROUP WORK, edited by Joshua Lieberman. Association Press, 347 Madison Ave., New York. 1938. 229 pp. $2.

Articles by 19 leaders in the field of group work are presented in this volume published under the auspices of the National Association for the Study of Group Work.

The articles are arranged under five heads: I, Group Work and the Social Scene; II, Group Work as Education; III, Leadership in Group Work; IV, Relation of Group Work and Case Work; and V, Record Keeping in Group Work.

In gathering published material together from scattered sources, the committee found an "almost complete absence of material describing experimental group-work efforts, and very little material on group-work processes in activity and group relationships." Descriptions of an experiment in neighborhood cooperation by Isabel Merritt and of group work with high-school boys by Abel J. Gregg ("Helping Youth Groups Face Current Issues"), not previously published, are included in the volume.

Other papers published here for the first time include "Coordination of group work and case-work services," and "Record keeping in group work," both by Clara A. Kaiser, and "Group work and democracy," by Eduard C. Lindeman. Mr. Lindeman calls attention to the potential uses of the group-work discipline in developing behavior patterns in playing, learning, and administering, which are founded upon social methods and thus tend to make the democratic process a natural by-product of experience.

EXPENDITURES OF NEGRO FAMILIES IN NEW YORK CITY, by Faith M. Williams. *Labor Information Bulletin*, vol. 5, no. 8 (August 1938), pp. 9-11.

Expenditures of 100 self-supporting Negro families studied in New York City by the Bureau of Labor Statistics of the United States Department of Labor are analyzed in this article. Expenditures for food, clothing, housing and furnishings, recreation, transportation, medical care, and personal care are covered.

OF CURRENT INTEREST

Folder on adoption now available

"Adoption--What It Means" is the title of a 15-page illustrated leaflet issued by the Children's Bureau (Folder 13, Washington, 1938). This was prepared in response to requests for popular material appropriate to be given to parents wishing to adopt a child and to others interested in questions involved in the adoption of children. It discusses briefly the following questions: Why are children adopted? What should be known about the child to be adopted? What are the needs of the child? Who are the children available for adoption? Where can a child be found for adoption? How long must the child be in the home before adoption? How may adoption be effected? Why should the State be interested in the adoption of children? How will adoption affect the child's birth certificate? What of the future?

The prevention of blindness

A Journal of Social Ophthalmology is the title of a new periodical published by the International Association for Prevention of Blindness (66, Boulevard Saint-Michel, Paris), which is published with parallel columns in English and French. Vol. 1, no. 1, dated May 1938, contains an account of the Fifteenth International Ophthalmological Congress held in Cairo in December 1937.

In September 1938 the National Society for the Prevention of Blindness issued a call for (1) information on new industrial or occupational eye hazards--both accident and disease hazards; (2) recent and significant statistics on any occupational hazards to sight--showing frequency, severity, causes, nature of injury, degree of impairment, or cost; (3) photographs showing either hazards to sight or protection against such hazards; and, most important of all, (4) information concerning successful mmethods of eliminating, counteracting, or alleviating disease and accident hazards to eyes.

The material thus obtained will be considered in the revision of "Eye Hazards in Industrial Occupations," by Lewis H. Carris and Louis Resnick, first published 10 years ago. The headquarters of the National Society for the Prevention of Blindness are at 50 West Fiftieth St., New York.

Future Farmers of America convene A national convention of Future Farmers of America was announced to take place in Kansas City, Mo., October 15-22, 1938. Farm boys representing more than 263,000 students of vocational agriculture from every section of the Nation are expected to attend and to compete in the national contests for students of vocational agriculture. This convention marks the eleventh year since the founding of the Future Farmers of America, which is sponsored by the Office of Education, United States Department of the Interior.

The National Education League Material for use in preparing programs and for distribution in connection with American Education Week, 1938 (November 6-12) has been prepared by the National Education Association (1201 Sixteenth St., NW., Washington, D.C.). Packets that can be obtained include the rural-school packet, the high-school packet, the elementary-school packet, the kindergarten-primary school packet, and the teachers-college packet.

"Immigrants All--Americans All" on the radio A new series of radio programs beginning November 14, 1938, under the general title, "Immigrants All--Americans All," has been announced by the United States Office of Education. These programs will be given over the Columbia broadcasting stations' coast-to-coast hook-up at 10:30 p.m., Eastern standard time, every Monday night for 26 weeks. The keynote of this program, which takes the place of "Brave New World," is to increase the appreciation of the contribution of all national and racial groups to American life. Gilbert Seldes has been selected by Commissioner Studebaker to write the new series.

CONFERENCE CALENDAR

Nov. 14-16 Fifth National Conference on Labor Legislation, called by the Secretary of Labor. Washington, D.C.

Nov. 14-18 Child Study Association of America. Fiftieth anniversary conference, Nov. 14 and 15. Institute, Nov. 16-18. Hotel Roosevelt, New York. Information: Mrs. Hawes Smith, Child Study Association of America, 221 West Fifty-seventh St., New York.

Nov. 15-18 Southern Medical Association. Thirty-second annual meeting, Oklahoma City, Okla. Information: C.P. Loranz, Secretary-Manager, Empire Building, Birmingham, Ala.

Nov. 20-23 National Rehabilitation Association. Fifth general session. Miami Biltmore Hotel, Miami, Fla.

Dec. 9-11 American Public Welfare Association. Third annual round-table conference. Wardman Park Hotel, Washington, D.C.

Dec. 12-14 American Farm Bureau Federation, Associated Women. New Orleans, La.

Dec. 27-30 American Statistical Association. One-hundredth annual meeting, Detroit, Mich. Information: F. F. Stephan, Secretary, 722 Woodward Bldg., Washington, D.C.

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat. 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.

U. S. GOVERNMENT PRINTING OFFICE: 1938

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